

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

4

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR

MALCOLM

NICKNAME

LAST

SUFFIX

McGREGOR

III

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1007 N. MOSA ST

☐ Change of Address

EL PASO, TX 79902

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

253-8333

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

MALCOLM

NICKNAME

LAST

SUFFIX

McGregor

III

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1007 N. MOSA ST

EL PASO, TX 79902

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)

253-8333

9 REPORT TYPE

☐ January 15☒ 30th day before election☐ Runoff☐ 15th day after campaign treasurer
appointment (officeholder only)☐ July 15☐ 8th day before election☐ Exceeded \$500 limit☐ Final report (Attach C/OH - FR)10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

MAR / 14 / 2011

APR / 14 / 2011

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

MAY / 14 / 2011

☐ Primary☐ Runoff☒ General☒ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY REP DISTRICT 8

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALSDIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL.
CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

MALCOLM MCGREGOR III

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
 CITY CLERK DEPT.
2011 APR 14 PM 12:44
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 115⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 415⁰⁰EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ - 0 -

CONTRIBUTION
BALANCE

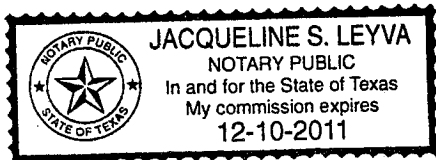
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 415⁰⁰OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Malcolm McGregor III

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Malcolm McGregor III, this the 14th day of April, 20 11, to certify which, witness my hand and seal of office.

Jacqueline S. Leyva

Signature of officer administering oath

Jacqueline S. Leyva

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MALCOLM MCGREGOR III		3 ACCOUNT # (Ethics Commission Filers)	
4 Date MAR 22 2011	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: IRENE A. BATRES 6 Contributor address; City; State; Zip Code 1228 COYOTE LN EL PASO, TX 79912	7 Amount of contribution (\$) 2500	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date MAR 22 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICHARD BRUCE CASSIDY Contributor address; City; State; Zip Code 1172 CALLE LOMAS DR EL PASO, TX 79912	Amount of contribution (\$) 5000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date MAR 24 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES LOUCKS Contributor address; City; State; Zip Code 1232 PROSPECT EL PASO, TX 79902	Amount of contribution (\$) 4000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date APR 5 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MALCOLM MCGREGOR III Contributor address; City; State; Zip Code 1007 N. MOSA ST EL PASO, TX 79902	Amount of contribution (\$) 2000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date APR 12 2011	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TOM BROWN Contributor address; City; State; Zip Code 2116 GROOTLOE EL PASO, TX 79936	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

CITY CLERK DEPT.
2011 APR 14 PM 12:44

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME MALCOLM McBRIDE III		3 ACCOUNT # (Ethics Commission Filers)	
4 Date		5 Payee name CITY CLERK OF EL PASO, TEXAS			
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 2 CIVIC CENTER PLAZA EL PASO, TEXAS 79901			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEE		(b) Description (If travel outside of Texas, complete Schedule T) CANDIDATE FILING FEE	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED